

247207

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2011 - 508 - T

RECEIVED

OCT 14 2013

TRANS DEPT

(Please type or print)

Submitted by: Wayne Clegg
Address: 1826 Hamlin Circle
Conway, SC 29527

Telephone: (843) 397-1634

Fax: _____

Other: _____

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED
OCT 15 2013
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C AMENDMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896-5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
--	--

RECEIVED

OCT 14 2013

DATE: 10/15/13

TRANS DEPT

I have the following Certificate:

☒ Class C Taxi # 8548
☐ Class C Charter # _____
 ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: Wayne C. Clapp DBA: Wayne's Cab
 (Current Name) (Current DBA if applicable)
 TO: Wayne C. Clapp DBA: Call A Cab
 (New Name) (New DBA if applicable)

☐ Scope of Authority

From: _____ To: _____
 (Current Scope) (New Scope)

☐ Passenger Limit

From: _____ To: _____
 (Current Limit Number) (New Limit Number)

Wayne C. Clapp
dba: Call A Cab
 Name & DBA if DBA is applicable)

Conway, SC 29527
 (City, State, Zip Code)

(843) 397-1634
 (Telephone Number)

1826 Seminole Circle
 (Street and/or Mailing Address)

X Wayne Clapp
 (Signature)

owner
 (Title) Owner, President, etc.